

24 HR ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

To be completed by City/County Clerk

Date filed with clerk: ____ / ____ / ____ Local Permit #(s): _____

Permit Fee Per Day: \$ _____. ____ (\$50.00 maximum fee per day)

Number of Days: _____

Total Permit Fee: \$ _____. ____ For _____ days (Permit Fee Per Day X Number of Days)

Event Date(s): _____ / ____ / ____ Through _____ / ____ / ____

Applicant: _____

Business / Trade Name (D/B/A): _____

Contact Person: _____ Phone: (____) ____ - ____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (____) ____ - ____ E-Mail Address: _____

Name of Event: _____

Event Location: _____

<p>FILING IN (CHOOSE ONLY ONE) (Licensing Authority Jurisdiction)</p> <p><input type="checkbox"/> CITY / TOWN OF: _____</p> <p><input type="checkbox"/> COUNTY OF: _____</p>	<p style="text-align: center;">FILING AS (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL</p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> LP/LLP</p> <p><input type="checkbox"/> LLC</p> <p><input type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ORGANIZATION</p> <p><input type="checkbox"/> OTHER _____</p>	
<p>TYPE OF PERMIT (CHOOSE ONLY ONE)</p>		
<p>NOTE: EACH PERMIT IS FOR ONLY THE ON-PREMISE SALES AND CONSUMPTION OF ALCOHOL AND ONLY AT THE PERMITTED EVENT</p>		
<p><input type="checkbox"/> Malt Beverage Permit (W.S. 12-4-502(a) / W.S. 12-2-201(b))</p> <p>Malt Beverage Permit Applicants receiving anything of value (i.e. money, goods, and or services from any Industry Representative must answer the following: (W.S. 12-5-402(a))</p> <p>Nonprofit Corporation under the laws of Wyoming? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Tax Exempt Organization under the Internal Revenue Code? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>And has the Applicant been in continuous Operation for not less than two (2) years? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><input type="checkbox"/> Catering Permit (W.S. 12-4-502(b))</p> <p>For Currently Licensed Retail or Resort License Holders Only</p> <p><input type="checkbox"/> Malt Beverage Permit for Microbrewery (W.S. 12-4-412(j) / W.S. 12-4-502(a))</p> <p>For the Sale of only the Microbrewery's own, Wyoming Brewed Malt Beverage Products</p>	<p><input type="checkbox"/> Manufacturer's Off-Premise Permit (W.S. 12-2-203(g)(iii))</p> <p>For the Sale of only the Manufacturer's own, Wyoming Manufactured Products</p>

Letter of consent from landowner if they are not the actual applicant. W.S. 12-4-103(a)(iii)

If applicant is not a Sheridan County license holder, a letter of consent and a copy of the retail/resort retail license from their licensing authority of their jurisdiction is required. W.S. 12-4-502(d)

By filing this application, the Applicant and the Applicant's representatives agree to sell alcoholic beverages and operate in Wyoming under the requirements of all applicable Wyoming state laws and rules, local laws and rules, and to file required sales tax reporting documents and applicable sales taxes.

By signing this application, I acknowledge for the Applicant, that all the information provided is true and correct. This application must be signed by an Owner, Partner, or a Corporate Officer, an LLC / LLP member, or an individual authorized by the Applicant to act on behalf of the Applicant.

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

Applicant Signature _____ Printed Name: _____ Date: _____

<p>APPROVED & DATED: _____</p> <p>_____</p> <p>CHAIRMAN OF THE SHERIDAN BOARD OF COUNTY COMMISSIONERS SIGNATURE / DATE</p>
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